Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000233053 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077 : (845)818-3588

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOCK CONSULTING LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

S. ROBERTS Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bock Consulting LLI Liability Company as it n Florida Limited Liability (ecords.)	
The Articles of Organization for this Limited Liab Florida document number <u>L23000260051</u>	oility Company were fil	cd on <u>05/30/20</u>)23	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability con	npany here:		
The new name must be distinguishable and contain the word	ts "Limited Liability Comp	any," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			023
				√-;
				1
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)X)			·
				2
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our records, <u>e</u>	nter the na	ame of the new registere
Name of New Registered Agent:	<u>Jennifer Bo</u>	<u>ck</u>		
New Registered Office Address:	New Registered Office Address: 12526 Boggs Way Enter Florida street address			
	Orlando		_, Florida j	32828
	City		-	Zip Code
New Registered Agent's Signature, if changing Re-	istered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to mevely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To:

_____ ∐Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

••		
<u>Name</u>	Address	Type of Action
		□Add
		□Remove
		□Change
		🗆 Add
		□Remove
		□Change
		□Remove
		□Change
		□Add
		□Remove
		🗆 Change
		□Remove
		□Change
		🗆 Add
		Remove

D. Hamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
	······································
-	
_	
(If an effect Note: 1	e date, if other than the date of filing:
the record word is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	June 30 . 2023
	Signature of a member or authorized representative of a member
	Jennifer Bock
	Typed or printed name of signee